

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033621

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8351

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *St. Louis*

Length of stay in 1b
10 wks.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *Mo. Baptist Hosp.*

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Mo.* b. COUNTY *St. Louis*

c. CITY OR TOWN *Pine Lawn* Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
3550 Pine Grove Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First *Frank* Middle *J.* Last *Felker*

4. DATE OF DEATH
Month *Aug.* Day *15* Year *1963*

5. SEX

M.

6. COLOR OR RACE
W.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2-4-1887

9. AGE (last birthday)
76

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Proprietor

10b. KIND OF BUSINESS OR INDUSTRY
Shades

11. BIRTHPLACE (City and state or country)
Evansville, Ind.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Frank Felker

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Lenore Felker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give year or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT
Address *Pine Lawn, Mo.*
Lenore Felker 3550 Pine Grove

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH
2 wks

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

5-10 yrs

DUE TO (c)

Generalized Arteriosclerosis

5-10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral Vascular Accident

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
420.0

20c. TIME OF INJURY
Hour *1* a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from *Sept 2, 1959* to *8-15-63* and last saw him alive on *8-15-63*
Death occurred at *1 PM* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Leonard D. Piccine M.D.

22b. ADDRESS

Pine Lawn, Mo. 6303 Natural Bridge

22c. DATE-SIGNED

8-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Entombment

23b. DATE

8-19-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Mausoleum

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

BAUMANN BROS INC. 2504 WOODSON RD. FUNERAL HOME

ADDRESS

OVERLAND 14, MO.

25. DATE RECD. BY LOCAL REG.

AUG 16 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed David E. Gibson

Licensed Embalmer No. 3454

P. O. Address St. L. 14 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.